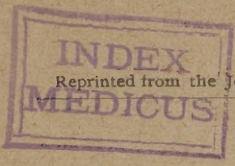


BREMER (L.)



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Abasia Suing for Damages.

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A CASE OF HYSTERICAL ASTASIA-ABASIA SUING FOR DAMAGES, WITH REMARKS ON THE NATURE OF THIS DISEASE AND THE HYSTERICAL TEMPERAMENT.

By L. BREMER, M.D.,

St. Louis, Mo.

ALTHOUGH hysteria is not the "Proteus" among diseases any more as it used to be looked upon by past generations of physicians; and though, thanks to the labors of Charcot and his disciples, it is now a well-defined and circumscribed nosological entity, there are still cases which even to one that pays particular attention to nervous disorders, may be puzzling in a degree, and hence interesting and worthy of publication.

A case of this kind in which to the notorious unreliability as to the subjective symptoms in the hysterical, an additional difficulty through a co-existing motive, obscuring the case, was added, is the subject-matter of the following remarks:

A woman, forty-nine years of age, married, and the mother of a sixteen-year-old daughter, and a son over twenty-one, claimed that she had become paralyzed about two years ago by an elevator accident in one of the large dry-goods stores of our city. She was the only passenger at the time going from the ground to the second floor. She asserted that by a sudden stop of the elevator she had been thrown forward from the seat, had landed on her head, and that ever since her lower extremities were paralyzed, sensation, however, remaining normal. She brought suit for \$20,000 damages against the firm in whose store the accident was claimed to have occurred.

The testimony for her side showed that since the alleged accident, brought about, as claimed, by a temporary defect in the machinery (an assertion which could not be substantiated) she had been unable to walk. The

testimony on both sides went to show that shortly after the accident she had been in a peculiar semi-conscious state, in which she called for persons that were not present, and although she did walk a few steps, she insisted shortly afterward that she was paralyzed and that "she knew" she could not walk. Physicians that were called in declared that they could not discover any lesion accounting for the paralysis.

Living in the country a short distance from the city, she was seen a day after by her family physician, to whom she suggested that her back was injured, but refused a thorough examination.

A rather indifferent treatment, consisting chiefly in the application of the faradic current was instituted, and, this proving ineffectual, all attempts of bringing about improvement through medical aid was abandoned until about one year and a half later, when she applied to a surgeon for a diagnosis of the case.

On the strength of his opinion that there was a causal relation between the alleged accident and her present condition, the suit was brought.

The claimant for damage was present in court and gave the jury an account of what happened in the elevator and of her subsequent inability to walk. She looked about her age, had snapping black eyes, very mobile facial expression, and followed the proceedings, and especially the testimony of the witnesses, with a keen interest. From her own testimony it appears that she was not entirely incapable of locomotion, but that she managed to move by quite a peculiar device. While seated on an ordinary chair she would take hold of the seat with both hands, slightly tip the chair forward and shuffle along with the aid of the two legs of the chair and her own. She was not only willing, but eager to give the jury an exhibition of this, the only possible manner of locomotion. With the help of this device she declared to be able to move about the house and premises, and attend to some extent to her duties as a housewife. She was, *e. g.*, able to milk a number of cows every day.

She could also crawl on all-fours and climb upstairs in this manner. Often, while in her present condition, she had ridden to town in a farmer's wagon, over rough roads, and had managed to do some shopping. By the physicians that appeared on behalf of the plaintiff, it was stated that her general health was fair, and that there was no abnormality of the functions of the bladder or rectum; that the reflexes were normal, and that the various qualities of sensation were intact; but that, while she was capable of moving the legs in every direction and with apparently normal strength, in the sitting or lying position, she was not able to either stand or walk.

One of the experts that appeared in her behalf thought that the clinical picture presented by the plaintiff fitted in the frame of a traumatic neurosis; the other, while concurring in this, laid more stress on an indentation existing between the last lumbar vertebra and the sacral bone. The indentation was thought to be the result of a slowly progressing caries, following the concussion during the alleged accident in the elevator. The patient had told the physicians what they considered a straightforward story, and they took the injury sustained by sudden stopping of the elevator for granted.

The expert engaged by the defense, after hearing the testimony of what seemed to him unprejudiced witnesses, came to the conclusion that the case was explainable only on an hysterical basis, and that no coarse lesion of any kind could account for the symptoms-complex presented by plaintiff.

Experts for plaintiff concurred in saying that they had observed her closely, especially during her examination as a witness, and that they had been unable to discover any indications of hysteria. They went further, and stated to the jury, that so far from exhibiting any such symptoms, she had borne a long and searching cross-examination with unusual composure, and they were positive she was not suffering from hysteria, and her ailments could not be explained on that hypothesis. (!)

The ground taken by expert for the defense was as follows:

It can be shown by witnesses, most of them life-long neighbors of plaintiff, that she was possessed of the hysterical temperament; unmistakable evidences of which could be traced even to early girlhood.

Thus it could be shown that she had a penchant toward anonymous letter writing for no other ostensible purpose than to create a sensation.

She had, moreover, figured in a number of fictitious robbery-affairs, in which she was the heroine, and which turned out to be inventions; she had also been the recipient of munificent donations from unknown and mysterious persons. She was proven to have written anonymous letters to her friends that caused scandal and strife. On one occasion such a letter was sent to the grave-digger of the cemetery of her neighborhood, notifying him of her death, and requesting him to have the grave ready at a certain hour of a certain day. The grave was ready and no corpse showed up. This letter was proven to have been written and sent by her.

A letter purporting to come from, and signed by, one of her friends and neighbors and addressed to herself, in which she was charged of being the mother of a "nigger-baby," was proved to be in her own handwriting. All these inventions and apparently purposeless intrigues were adorned with minute and spicy details, that were calculated to impart to them a certain amount of inner probability. Gradually the truth leaked out among the neighbors as to the authorship of the letters, and the reality of sensational occurrences of which she was the central figure.

Her reputation among her acquaintances for veracity was, consequently, not good. For improbable and impossible stories, calculated to stir up sensation, create social complications and cause discord and strife, she had become quite notorious. Lastly, the testimony furnished the psychologically important fact that she had

quite a knack of forming intimate friendships, which generally ended in enmities.

Owing to the inaccessibility of the plaintiff to defendant's expert, and in view of the more than probable reluctance on her part to give any information as to any possible previous attacks of the same nature or similar to the one from which she was now suffering, or as to the present or past existence of objective hysterical stigmata, the expert for the defense could only point out and emphasize the occurrences in her life-history alluded to above as indubitably betokening the hysterical temperament. He gave it as his opinion that the only admissible explanation of plaintiff's morbid condition was that of one of the forms of hysterical paralysis.

The intactness of all qualities of sensation spoke against any involvement of an anatomical nature, of the cauda equina (as claimed by one of plaintiff's experts), nor could there be any injury higher up in the lumbar portion of the spinal cord, because in addition to the perfect preservation of sensation, as before stated, no disturbance of the functions of the bladder or rectum existed. Nor did the symptoms in the case justify in the least the inference of an existing traumatic neurosis.

I may here be permitted to remark that such things are self-evident to the neurologist, but they are far from being so to average experts. But this is a chapter apart, belonging to the much-discussed-experts question in the courts of justice.

The line of defense, then, as counseled by the expert for defendants was, that the plaintiff, while a passenger in an elevator, was taken with an hysterical seizure, either induced by fright on account of a too sudden a stop of the machinery, or without any external assignable and demonstrable cause; and that the paralytic attack was only the culmination of a morbid hysterical state of the nervous system which had existed throughout the life of the patient.

To the mind of the expert for defendant it was a plain and typical case of astasia-abasia, although for

prudential reasons this to a jury formidable appellation was withheld. I believe that the mere mention of the word would have given a much-desired opportunity to opposing counsel of effectually ridiculing the expert testimony of the defense.

How very susceptible the mind of the average jury is to the ridicule judiciously invoked against long-winded technical terms of Greek extraction used by a medical expert, and how this may affect the verdict, I need not state at any length at this place. The verdict was in favor of defendants, the jury adopting the views of the expert for defense.

Remarks.—I am not aware that in the history of forensic medicine there was ever a case of this nature; *i. e.*, that a patient who is suddenly stricken with a peculiar kind of paralysis sues the proprietor of an elevator in which the attack happens. Suits have been brought by hysterical women for alleged assaults under similar conditions, the charges for criminal assaults against dentists and physicians, especially during administration of chloroform, being the most familiar among their many unaccountable pranks; again, the cases are not rare where profound sensation and the highest pitch of indignation was produced in whole communities by the accounts of hysterical women whom nobody would suspect as being liars or endowed with the hysterical temperament, of robberies and assaults of a revolting and atrocious nature, accounts which on investigation were found to be entirely fictitious.

Thus, in every large city examples are on record of thrilling experiences which certain women have had with burglars. The highly-colored descriptions of such occurrences, as they appear in the daily press, bear all a family resemblance; and the neurologist, the psychiatrist and the police generally make at once a correct diagnosis of such cases. The police especially have frequently to deal with them in a practical manner, and is often compelled out of consideration for the fair name of the family of the hysterical heroine, to throw the mantle of

charitable silence on some *prima facie* high-handed criminal and revolting assault, the account of which fills the mind of the unsophisticated newspaper reader with horror and indignation, but which disappears from the criminal record like a river in the desert, never to be seen or heard of any more.

But there is not always such a negative and harmless outcome of hysterical charges. Cases are on record where innocent individuals have suffered penalties in consequence of simply imagined or deliberately concocted and trumped-up charges by hysterical women. Owing to the labyrinthine nature of their cerebration it will be often impossible to say in a given case whether false accounts and fictitious occurrences are the outgrowth of hysterical hallucinations engendered by an acute attack, or whether they are the well-pondered results of the cunning hysterical temperament which concentrates its energies in inventing romances or outrages, in some instances with an object in view, generally however for no other cause than to get up a sensation, create confusion and cause trouble and annoyance to others, sometimes to persons absolutely indifferent to them. To the normal mind it is hardly conceivable how such acts, obviously devoid of ordinary motives, can be done by apparently sane persons; but he who has had opportunities of watching the manifestations of the hysterical temperament is not astonished at anything done by the hysterical, however absurd and unaccountable, or at allegations made by them, however strange, incomprehensible, abnormal and odious.

A short while ago the daily papers gave an account of an outrage committed on a young married woman in a small Eastern town. When the husband returned home in the evening, the wife being generally alone throughout the day, he found her missing, the whole house in a state of disorder, looking like the scene of a desperate struggle. After a close search he finally discovered her in the cellar, gagged, exhausted, frightened to death, apparently the victim of an atrocious assault.

The police, after inspecting the scene, diagnosed the case at once correctly, and soon furnished proofs of the correctness of their view, showing that the woman was a fraud, and that the disorder in the house and the gaggling was her own work.

The same outgrowth and manifestations of the hysterical temperament that caused in the Middle Ages the canonization of some, and the burning at the stake of others,¹ is still active in our days; the groundwork is still the same, only the superstructure and the ornaments have changed. The hysterical woman of to-day is still deceived and deceiving, still the victim impelled to inexplorable acts and words by an inexorable bane in her temperament, still the central figure of extraordinary happenings; but the stage of her activity is shifted.

While in the Middle Ages convents and churches were the favorite ground on which hysterical manifestations of both sexes were conspicuous, the scene was changed later on to the private dwellings and public halls, where spiritualism enchanted its votaries, and quite recently it is the newspaper-office and the courtroom in which the unseizable Proteus, hysteria, wields its tremendous power and tries immense possibilities for evil.

That the case detailed at the head of these remarks bears all the recognized characteristics universally credited to what is generally understood by the "hysterical temperament," there can be very little doubt.

The School of the Salpêtrière make a distinction between interperoxysmal or physiological, and paroxysmal, or pathological hysteria. I take it that the attack of paralysis attended with impairment of consciousness in our case was a long-deferred paroxysm, being the first pathological manifestation in a woman who up to this time had only shown symptoms of the hysterical temperament; *i. e.*, had, in the language of the French school, been only physiologically hysterical.

¹ Le grand du Saulle, Les Hysteriques.

That this paroxysmal manifestation should be delayed until the change of life is rare, but not unprecedented.

There are a number of cases on record in which the menopause was the disturbing element (the *agent provocateur*, as the French term it,) that precipitated the hysterical paroxysm.

Besides the medical interest that the case possesses, in the writer's opinion, it has also an important medico-legal bearing on the vexed question of hysteria and principally that mental state which is known as the hysterical temperament.

How many victims of judicial error hysterical women have made in the history of civilization it is impossible to compute. Perhaps the number of their victims in the various ages equals that of the hysterical women that were burned at the stake in the Middle Ages. Who knows?

At any rate, it will be well, in charges brought by women whose history points, however slightly, to the hysterical temperament, to consider the possibility of an utter absence of facts in the case, however plausible the allegations and strong the evidences may be.

This does not apply so much to the civil affairs like the case under discussion, as to charges of a criminal nature.

The generality of the profession, and for that matter up to a few years ago, even the neurologists and the medico-legal fraternity, were, comparatively speaking, in the dark as regards the hysterical temperament, its nature, and its manifestations, the various forms of incriminations.

Reading the accounts of mob justice in certain parts of our country and weighing the facts leading up to it, I am fully convinced that in those regions in which lynch justice still holds sway many an innocent victim of hysterical allegations has been swung from a tree, riddled with bullets, or treated to a coat of tar and feathers. I cannot help suspecting that the epidemic of rapes committed, as reported by negroes in certain parts of the

South, savors somewhat of epidemical hysteria on the part of the victims.

(In order to prevent any possibility of misinterpretation, I desire to state distinctly that the negro, owing to a peculiar sexual organization, is more apt to commit sexual outrages than the white of the same degree of education.)

Even in countries where people are unwont to take the law in their own hands or act on the spur of the moment, where the slow and even course of justice is not disturbed and where the real or suspected criminal is accorded all the fairness that law and order dictate, instances of judicial error, following the accusations of hysterical women, were by no means rare.

One of the saddest and most instructive cases is that of the unfortunate de Roncière, a young French army officer, who, on the charge of an hysterical sixteen-year-old girl, the daughter of the colonel of his regiment, was placed on trial for attempted rape, and, failing in his object, stabbing her about the genitals. Anonymous letters, alleged to have been written by the accused to the father of the girl, containing threats, abuse and foul language, figure quite prominently in the case also. The fact that the girl two days after the "assault" went to a ball and danced all night, and that no sign of any injuries could be demonstrated, made no impression on the jury, who, in spite of the brilliant pleading of the defendant's lawyer, found him guilty of the charge. He was deprived of his rank in the army, discharged in disgrace, and had to serve a term of ten years in prison. The enormity of the accusation and the unjust verdict came near driving him insane. He left the prison a broken man, and seven years later, at the instance of one of the lawyers of his former accusers and adversaries, he was rehabilitated and reinstated in his former rank, not because it had been established that he was innocent of the crime charged, but because of his exemplary and irreproachable conduct since the time of his conviction. The trial took place in 1835, long before hysteria was

looked upon in the light that it is regarded to-day; *i. e.*, about four decades before the epoch-creating investigation of Charcot and his school. But in perusing the proceedings of that trial and understanding hysteria in the modern way, the psychiatrist is apt to wonder how it is possible that there ever was a time in a civilized country like France when a man of good repute could become the victim of a judicial error on such flimsy evidence and on the unmistakably false accusation of an hysterical girl.

More recently, in Spain, six persons were innocently sentenced to loss of liberty and civil rights on the detailed and elaborate charges of a woman afflicted with hysterical insanity. They were all relatives of her, one her own husband. The Medico-Psychological Society of Paris took the matter up, and after hard work, lasting several months, they established the fact that the six condemned persons were the victims of groundless charges, based on morbid imagination. The Spanish courts of justice accepted the views of the French savants, the trial was re-opened and the condemned men exonerated of the crimes imputed to them.

The foregoing remarks I thought to be pertinent and having a bearing on our case, showing how extremely cautious physicians, lawyers, judge and jury must be in forming an opinion on charges and allegations made by hysterical women. It is not always that they are willful and conscious liars, although it is well known that many of them lie simply for the art of lying, that they belong to that class which has been styled "pathological liars;" some, no doubt, believe in the reality of their manifestly erroneous impressions and false assertions. Thus, in the present case the plaintiff was given the benefit of *bona fides* by expert of defendants, and it was not assumed that she willfully lied for the purpose of levying blackmail, but that the hysterical seizure, with which she was taken in the elevator, was attended with the hallucination or delusion that an accident had happened to the machinery, causing the subsequent paralysis.

That there is no age exempt from the manifestations of the hysterical temperament, and that these may occur at any period between seven and seventy, is a fact well known to neurologists and medical jurists, but incredible to the casual reader of accounts illustrative of this baneful psycho-neurosis. Above all are little children, who, on account of their tender age are above suspicion of telling a falsehood, very dangerous as accusers and as witnesses, when they are possessed of the hysterical temperament. Their world-wisdom and cunning which they display in maintaining and rendering plausible invented stories has its analogon in, but is not explained by, that other species of psycho-neurosis growing only on the soil of degeneracy—coprolalia. Any one who has heard such children hurl forth their filthy phrases supposed to be found only in the most infamous slums, is lost in wonderment how it is possible that a child (reared very often in the best of surroundings and under all precautions imaginable) could have gotten hold of the vilest expressions a language is capable of and ordinarily found only in the gutter. As the word in coprolalia, so the tale in some cases of hysteria in children.

It will be remarked that I have classed this case of astasia-abasia unhesitatingly as hysterical in origin. As is well known, not all cases that have been described under this name can be demonstrated to have an hysterical background, and develop on other neuroses. Last year Dr. Knapp,² of Boston, undertook to collect all the cases of astasia-abasia published up to that time. The list contains fifty cases, one of them being of his own observation. Three of them have been observed in this country (Hughes, Hammond, Knapp). The collection contains a number that evidently, to say the least, are impure, and will undoubtedly be weeded out by future

² P. C. Knapp: Astasia-abasia, with the report of a case of trepidant abasia, associated with paralysis agitans. *Journal of Nerv. and Ment. Dis.*, November, 1891.

investigators and writers on the subject, in the same manner as spurious cases of other modern nervous diseases, such as myotonia, myoclonus multiplex, and others are of late undergoing a process of depuration. There are at present three recognized forms of the disease, the paralytic, trepidant and the choreiform. The chief and common characteristic of all of them is, that the person afflicted with them is unable to assume and maintain the erect posture or to walk, the various qualities of sensation, including the muscular sense, being intact. The reflexes are normal. If such patients are assisted to stand and are supported by attendants, their legs will either tremble, stiffen, execute inco-ordinated movements, or bend like cotton when the support is withdrawn. Lying on their backs, however, or sitting, they move their legs with absolute freedom and normal power in any direction. Although they have forgotten the two fundamental functions the legs are designed for, they may nevertheless be able to execute a series of highly complex movements, such as swimming, jumping, climbing, etc. Generally they can crawl on all-fours, and the device to hitch along a chair seems to be a not unfrequent form of locomotion. In Knapp's list it occurs four times. Perhaps there are other cases in which this makeshift of movement was resorted to without the fact being mentioned by the observer.

A number of theories intended to explain and elucidate the nature of astasia-abasia have been offered by writers on the subject, but none equals that of Charcot, who, with his usual felicitous knack of finding appropriate similes, has compared the cerebro-spinal mechanism of motion to that of a music-box.

The comparison is about as follows: The various movements that man is capable of, walking, running, climbing, dancing, etc., represent different kinds of co-ordinated rhythmical contractions of different muscle groups, the harmonious and purposeful action of which is brought about by the rhythmical discharge of nerve energy from the multipolar ganglionic cells of the ante-

rior horns of the cord which, in their turn, receive their impulse from the higher centres, the ganglionic cells in the psycho-motor area of the cortex. This impulse having been given once, the spinal ganglionic cells perform their function automatically. Now, the spinal cord with its ganglionic cells may be compared to the copper roll in the music-box beset with metallic points whose different arrangement gives rise to the playing of different airs, whenever the rolls are set in motion. The main-spring which starts the mechanism and sets the rolls revolving is equivalent to the system of ganglionic cells in the motor area of the cortex. Supposing that the music-box has a "repertoire" of three airs: "Hail Columbia," "Yankee Doodle," and "Home, Sweet Home," the airs will be played correctly as long as the mechanism is in good order. Carrying the simile further and substituting the various movements of walking, crawling, climbing, for the three airs in the succession above given, the air "Hail Columbia" cannot be rendered any more when the metal points for that air are disarranged, whilst the two other airs are still rendered faultlessly; in the same manner the act of walking will become impossible when the ganglionic cells of the spinal cord that preside over the automatic harmonious contraction of the various muscle groups called into action in the walking process are functionally disarranged, the faculty of crawling and climbing remaining intact. The wound-up spring that furnishes the running power of the music-box corresponds to the motor area of the cortex.

Of course, this simile does not explain the pathology or pathogenesis of the disorder, but it is an illustration that renders this morbid phenomenon seizable to our understanding.

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